BIRCH, STEWART, KOLASCH & BIRCH, LLP

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING P.O. Box 747 • Falls Church, Virginia 22040-0747 Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Insert Title:	HEAT EXCHANGER OF VENTILATING SYSTEM									
Fill in Appropriate	the specification of white		ereto. If not attached he	ereto, the applica	ition is identified by the	attorney docket	number as set			
Information -							as			
For Use Without	The specification was filed onas United States Application Number;									
Specification	and amended on					(if applicable) and/or				
Attached:	the specification w									
	International Application Number and was									
	aniented on (it application)									
	I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as									
	amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.									
	I do not know and do not believe the same was ever known or used in the United States of America before my or our invention thereof, or patented or described in any printed publication in any country before my or our invention thereof or more than one year prior to this application, that the same was not in public use or on sale in the United States of America more than one year									
	prior to this application date of this applicatio	, that the inver	tion has not been pater	nted or made th	e subject of an inventor	's certificate issu	ed before the			
	representative or assign	n in any coun	try foreign to the Univelve months (six mon	ited States of F ths for designs)	imerica on an applica	non nied by m	polication for			
	natent or inventor's cer	tificate on this	invention has been file	d in any country	, foreign to the United :	States of Americ	ca prior to this			
	application by me or my I hereby claim for	y legal represen	tatives or assigns, excer	ot as follows.	de 6119(a)-(d) of any fo	reion application	n(s) for natent			
	or inventor's certificate a filing date before that	listed below an	d have also identified b	elow any foreign	application for patent	or inventor's cer	tificate having			
	a filing date before that Prior Foreign Applica	of the application (s)	on on which priority is	claimed:		Priority (
Insert Priority					•		.			
Information: (if appropriate)	(Number)	(Country)		(Month/D	ay/Year Filed)	⊔ Yes	No .			
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	(Number)	(Country)		(Month/Da	ay/Year Filed)	Yes	No			
	(Number)	(Country)		(Month/Da	ay/Year Filed)	Yes	No			
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	(Number)	(Country)		(Month) Da	ay/Year Filed)	· Yes	No			
	I hereby claim the benef	it under Title 35	5, United States Code, §	119(e) of any Ur	nited States provisional	applications(s) li	sted below.			
Insert Provisional				•						
Application(s): (if any)	(Application Number)			(Filing Date)						
	(Application Number) (Filing Date)									
	All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More than 12 Months (6 Months for Designs) Prior to the Filing Date of This Application:									
	Country Application Number Date of Filing (n/Day/Year)				
Insert Requested Information: (if appropriate)										
	I hereby claim the benefit under Title 35, United States Code, §120 of any United States and/or PCT application(s), including for									
	continuation-in-part application(s) listed below and, insofar as the subject matter of each of the claims of this application in the disclosed in the prior United States and/or PCT application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to the patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.									
nand Deine IV C	· ·	• •								
nsert Prior U.S.	(Application ivumber)	,	(Filing Date)		(Status - patented, pe	กล่ากละสกลกล่อง	<u> </u>			
Application(s):	(Application (vulnber)		(I mile Date)		(Status - paterneu, pe	nding, abandon	euj			
age 1 of Rev. 07/2003)	(Application Number)		(Filing Date)		(Status - patented, pe	nding, abandon	ed)			

I hereby appoint the practitioners at CUSTOMER NO. 02292 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the United States Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written hotice to the contrary:

Send Correspondence to:

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PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of First or Sole Inventor:	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*				
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ull Name of Fourth Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*				
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	MAILING ADDRESS (Complete Street Address including City, State & Country)							
uli Name of Fifth Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*				
	Residence (City, State & Country)		CITIZENSHIF	•				
	MAILING ADDRESS (Complete Street Address including City, State & Country)							
all Name of Sixth Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*				
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	And the state of t							

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*DATE OF SIGNATURE